

STATE OF ARKANSAS-AGENCY TRAVEL CARD PROGRAM SPONSORED BUSINESS TRAVEL ACCOUNT-SBTC Visa Commercial-New Account Request



Send Completed Applications to your <u>AGENCY / INSTITUTION BUSINESS TRAVEL CARD COORDINATOR</u>

CARD CUSTODIAN INFORMATION							
Card Custodian Name (first, middle, last)				Email Address	Email Address		
Agency Mailing Address				Social Security Number			
City/State/Zip				Business Telephone Num	Business Telephone Number ()		
Agency/Institution Name				Position/Title	Position/Title		
Monthly Cycle Limit	Authorization Str	rategy Requested		·			
\$	ARK1	ARK2	ARK3	ARK4	ARKV	ARKT	
Agency/Institution Department Manager Approval AUTHORIZED BY (SIGNATURE)							
CARD CUSTODIAN SIGNATURE							
APPLICATION AND AGREEMENT							
Agency/Institution applies to UM signing this form, certifies reque charges on such account when d of the account will be supplied to I have read the entire application	estor authority, and t lue. Because this acc the State of Arkansa	the information given count is offered in con as, Department of Fina	herein to be true and junction with the State ince and Administration	d correct and acknowle of Arkansas Agency T n.	edges Agency/Institution Fravel Card Program, co	on obligation to pay all	
AGENCY / INSTITUTION AUTHORIZED SIGNATURE					DATE		



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DISCLOSURE INFORMATION

ANNUAL PERCENTAGE RATE FOR PURCHASES

Variable; 8.0% + Prime, which currently is 12.75%.

VARIABLE RATE INFORMATION

Your Annual Percentage Rate ("APR") may vary monthly. It is determined by adding a "Margin" to the highest "Prime Rate" reported in the "Money Rates" section of *The Wall Street Journal*" on the 15th day of each January, March, May, July, September, and November.

GRACE PERIOD FOR REPAYMENT OF BALANCES FOR PURCHASES

You have not less than 45 days to repay the entire balance before a Finance Charge will be imposed, if full payment of both the prior balance and the current balance shown on your Current and Previous Monthly Statements are received within 45 days after the Statement Closing Dates for such statements. The entire balance due shown on each Monthly Statement must be paid in full each month.

METHOD FOR COMPUTING THE BALANCE FOR PURCHASES

Two-cycle average daily balance (including new purchases).

ANNUAL FEE

There is no annual fee for this account.

MINIMUM FINANCE CHARGE

Fifty cents (\$.50) for any Billing Period in which a Finance Charge is due.

OTHER FEES

Late Fee: None

Cash Advance Fee: 3% (\$3 minimum, \$20 maximum)

IMPORTANT: The information about the costs of the cards described above is accurate as of November 1st, 2002, the date this document was published and made available as a downloadable file. This information may have changed after that date. To find out what may have changed, write to us at UMB U.S.A., n.a., Post Office Box 13262, Kansas City, Missouri 64199-3262 or email us at our website at **www.umb.com**.